

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	/						51		
2	/						52		
3	/						53		
4		/					54		
5		/					55		
6	/						56		
7		/					57		
8		/					58		
9	/						59		
10		/					60		
11		2					61		
12	/	2					62		
13	/						63		
14		/					64		
15		3					65		
16		3					66		
17	1						67		
18		/					68		
19		/					69		
20		3					70		
21		3					71		
22	/						72		
23		6					73		
24		1					74		
25		1					75		
26		2					76		
27		2					77		
28		2					78		
29		2					79		
30		2					80		
31	/						81		
32		1					82		
33		1					83		
34		3					84		
35		3					85		
36		3					86		
37		3					87		
38	/						88		
39		1					89		
40		2					90		
41		2					91		
42		2					92		
43		2					93		
44		2					94		
45		2					95		
46		2					96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	10						TOTAL IND.		
TOTAL DEP.	65						TOTAL DEP.		
TOTAL CLAIMS	75						TOTAL CLAIMS		